

Name				
Street Address			Apt. #	
City	State	Zip Code	Area Code	Telephone

VS.

Name				
Street Address			Apt. #	
City	State	Zip Code	Area Code	Telephone

<i>Name of Child</i>	<i>Date of Birth</i>	<i>Name of Child</i>	<i>Date of Birth</i>
<i>Name of Child</i>	<i>Date of Birth</i>	<i>Name of Child</i>	<i>Date of Birth</i>
Name of Child	Date of Birth	Name of Child	Date of Birth

Circuit Court for _____ **Case No.** _____

City or County

Name _____
 Street Address _____ Apt. # _____
 City _____ State _____ Zip Code _____ Area Code _____ Telephone _____

VS.

Name _____
 Street Address _____ Apt. # _____
 City _____ State _____ Zip Code _____ Area Code _____ Telephone _____

CHILD SUPPORT GUIDELINES WORKSHEET B
(Shared Physical Custody)
(DOM REL 35)

Name of Child _____	Date of Birth _____	Name of Child _____	Date of Birth _____
Name of Child _____	Date of Birth _____	Name of Child _____	Date of Birth _____
Name of Child _____	Date of Birth _____	Name of Child _____	Date of Birth _____

	Mother	Father	Combined
1. MONTHLY ACTUAL INCOME (Before taxes)	\$	\$	
a. Minus pre-existing child support payment actually paid	-	-	
b. Minus health insurance premium (if child included)	-	-	
c. Minus alimony actually paid	-	-	
d. Plus / minus alimony awarded in this case	+/-	+/-	
2. MONTHLY ADJUSTED ACTUAL INCOME	\$	\$	\$
3. PERCENTAGE SHARE OF INCOME (Divide each parent's income on Line 2 by the combined income on Line 2).	%	%	
4. BASIC CHILD SUPPORT OBLIGATION (Apply Line 2 Combined Income to the Child Support Schedule)			\$
5. ADJUSTED BASIC CHILD SUPPORT OBLIGATION (Line 4 times 1.5)			\$
6. OVERNIGHTS with each parent (must total 365)			365
7. PERCENTAGE WITH EACH PARENT (Line 6 divided by 365)	A %	B %	
STOP HERE IF Line 7 is less than 35% for either parent. Shared physical custody does not apply. Use DOM. REL. 34 instead.			

	Mother	Father	Combined
8. EACH PARENT'S THEORETICAL CHILD SUPPORT OBLIGATION (Multiply Line 3 times Line 5 for each parent)	A\$	B\$	
9. BASIC CHILD SUPPORT OBLIGATION FOR TIME WITH OTHER PARENT (Multiply Line 7A times Line 8B and put answer on Line 9B. Multiply Line 7B times Line 8A and put answer on Line 9A).	A\$	B\$	
10. NET BASIC CHILD SUPPORT OBLIGATION (Subtract lesser amount from greater amount in Line 9 and place answer here under column with greater amount in Line 9).			
11. EXPENSES			
a. Work-Related Child Care Expenses (Code, FL § 12-204(g))			+
b. Extraordinary Medical Expenses (Code, FL § 12-204(h))			+
c. Additional Expenses (Code, FL § 12-204(i))			+
12. NET ADJUSTMENT from ADJUSTMENT WORKSHEET, below, if applicable. If not, continue to Line 13.	\$	\$	
13. NET BASIC CHILD SUPPORT OBLIGATION (From Line 10 of this worksheet, above.)	\$	\$	
14. RECOMMENDED CHILD SUPPORT ORDER (If the same parent owes money under Lines 12 and Line 13, add these two figures to obtain amount owed by that parent. If one parent owes money under Line 12 and the other owes money under Line 13, subtract the lesser amount from the greater to obtain the difference. The parent owing the greater of the two amounts on Lines 12 and 13 will owe that difference as the child support obligation. NOTE: The amount owed in a shared custody arrangement may not exceed the amount that would be owed if the obligor parent were a non-custodial parent. See DOM. REL. <u>34</u>).	\$	\$	
Comments, calculations, or rebuttals including in-kind responsibility because of sharing or special adjustments because of direct payments: Deduct from the recommended child support order amount (Line 7) any third party benefits paid to or for a child (e.g. SSA Disability, retirement or other third party dependency benefit).			
PREPARED BY:			Date:

ADJUSTMENT WORKSHEET
(For Calculating Line 12 of Shared Physical Custody Worksheet, above)

INSTRUCTIONS FOR ADJUSTMENT WORKSHEET: *Use this Worksheet ONLY if any of the Expenses listed in Lines 11a, 11b, or 11c, is directly paid out or received by the parents in a different proportion than the percentage share of income entered on Line 3 of the Shared Physical Custody Worksheet, above. Example: If the mother pays all of the daycare, or parents split education/medical costs 50/50 and Line 3 is other than 50/50. If there is more than one 11c expenses, the calculations on Lines e and f below must be made for each expense.*

	Mother	Father
a. Total amount of direct payments made for Line 11a expenses times each parent's percentage of income (Line 3, Shared Physical Custody Worksheet) (Proportionate share)	\$	\$
b. The excess amount of direct payments made by the parent who pays more than the amount calculated in Line a, above. (The difference between amount paid and proportionate share).	\$	\$
c. Total amount of direct payments made for Line 11b expenses times each parent's percentage of income (Line 3, Shared Physical Custody Worksheet).	\$	\$
d. The excess amount of direct payments made by the parent who pays more than the amount calculated on Line c, above.	\$	\$
e. Total amount of direct payments made for Line 11c expenses times each parent's percentage of income (Line 3, Shared Physical Custody Worksheet).	\$	\$
f. The excess amount of direct payments made by the parent who pays more than the amount calculated in Line e, above.	\$	\$
g. For each parent, add lines b, d and f.	\$	\$
h. Subtract lesser amount from greater amount in Line g, above. Place the answer on this line under the lesser amount in Line g. Also enter this answer on Line 12 of the Shared Physical Custody Worksheet, in the same parent's column.	\$	\$